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COUNTRY NOTE**

The Niger

SUMMARY

The Executive Director presents the country note for The Niger for a programme for the period 2000 to 2004.

SITUATION OF CHILDREN AND WOMEN

1. The Niger, a large, land-locked, desert country situated in the Sahel region, with a population of 9.8 million inhabitants, of whom about 60 per cent live below the poverty line, is among the least developed countries, with a gross national product of US$200 per capita (1996). While the rate of population growth remains high (3.4 per cent annually), the median rate of economic growth has only been 1 per cent annually for the last ten years. Servicing foreign debt absorbs 40 per cent of the Government's revenues. The democratization process remains to be consolidated, although peace is returning to the northern part of the country. The Niger ratified the Convention on the Rights of the Child in 1990, but the Convention on the Elimination of All Forms of Discrimination against Women has not yet been ratified. The Niger's legal system is dualistic, combining modern and customary law.

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* E/ICEF/1999/2.

** An addendum to this report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

2. Child survival in the Niger remains a major concern. According to the 1998 Population and Health Survey, the infant and child mortality rates fell from 318 to 274 per 1,000 live births between 1992 and 1998 and the infant mortality rate is estimated at 123 per 1,000 live births. The main causes of death among children remain malaria, acute respiratory infections (ARI), diarrhoea, measles and meningitis. National immunization coverage is stagnant (BCG vaccine: 47 per cent; measles: 35 per cent). Over all, 15 per cent of children have insufficient birth weight and at least one out of three children under five suffers from acute malnutrition. Access to drinking water (48 per cent) and adequate sanitation systems (17 per cent) remains limited. A dramatic reduction of more than 90 per cent in the number of cases of dracunculiasis has been recorded since the 1991 national survey. The HIV seropositive rate among the general population is estimated at 2 per cent. The rate of maternal mortality (1,200 per 100,000 live births) remains very high and is mainly related to the persistence of multiple and too closely spaced pregnancies, a high incidence of anemia, and very limited access to qualified emergency delivery care.

3. Gross school enrolment ratios are very low and there are great disparities between boys and girls (39 and 19 per cent, respectively, for 1997) and between departments. The drop-out and repeat rates at the end of the primary cycle are 39 and 30 per cent, respectively. The illiteracy rate remains very high (70 per cent for men and 85 per cent for women).

4. Social indicator levels contrast with the effort being made: from 1984 to 1994, 15 per cent of Government expenditures and 12 per cent of official development assistance funds have been devoted to basic social welfare services. Risk analyses in the areas of health and nutrition show a great disparity between districts and point to large families and households headed by women as being among the groups most at risk to suffer the direct effects of food insecurity. Growing economic hardship and a loss of social cohesion contribute to the increasing phenomenon of women and children requiring special protective measures.

LESSONS LEARNED FROM RECENT PROGRAMME EXPERIENCE

5. Based on activities in progress, the mid-term review made the following recommendations: (a) the integration and geographical convergence of activities; (b) the establishment of a conceptual framework conducive to community empowerment; (c) the intensification of women's participation; and (d) increased cooperation with the other partners. In addition, the high turnover among managerial staff and logistical problems have been identified as major constraints in the implementation and effectiveness of the programme.

6. Implementation of the Bamako Initiative has helped revitalize 214 out of the 356 health centres, 40 per cent of them with the assistance of UNICEF. In certain health areas, this strategy resulted in doubling vaccine coverage and has now become the model adopted by the Government for general use, but quality of care and community participation must be improved. The community-based nutritional programme, which has made it possible to better manage nutritional problems, needs to be strengthened.

7. Demand for the establishment of modern water points remains high, but the management and maintenance system for existing installations is not yet operating entirely satisfactorily. With regard to hygiene and sanitation, the construction in targeted areas of 550 low-cost SANPLAT latrines in schools and family concessions (with communities co-financing 60 per cent of the total cost) achieved encouraging results and should be extended.

8. In the area of primary school enrolment, practical and productive activities and increased parent participation have been emphasized. From 1995 to 1997, targeted schools in the programme experienced an increase from 27 to 43 per cent in the enrolment of girls. It will now be important to support effectively the reforms called for by the new educational policy in order to meet the growing demand for access, maintenance and quality. Functional literacy activities, community empowerment and access to micro-credit have shown that with more information and better preparation, women are able to overcome socio-cultural resistance and improve their lives.

9. Some of these activities were carried out with the support of various donors in an integrated and multisectoral manner within the framework of integrated programmes for the department of Maradi. This made it possible to test and validate an innovative participatory approach to community development (mostly by means of village development committees, village action units and "radio-clubs").

PROPOSED COUNTRY PROGRAMME STRATEGY

10. The cooperation programme for 2000 to 2004, takes into account the principles of the Convention on the Rights of the Child and the World Summit for Children, the priorities of the Government of Niger, the national strategy note, the mid-term review, and complementarity with the other partners. The goal of the programme is to promote integrated development targeting child survival and based on the exercise of children's and women's rights. Its objectives are: (a) to help reduce infant mortality by 15 per cent, under-five mortality by 20 per cent and maternal mortality by 15 per cent; and (b) to facilitate community access, particularly that of children and women, to the basic knowledge required for the full enjoyment of their rights. To accomplish this goal, the emphasis will be on delivery and access to quality services through a holistic approach fostering greater interrelation between health, nutrition, and hygiene and sanitation programmes. The knowledge and skills of community workers will be reinforced in order to enable them to deal with basic requirements more effectively. All these activities will be supported by advocacy and social mobilization activities targeting programme goals and undertaken in active partnership with United Nations agencies, bilateral and multilateral cooperation organizations, non-governmental organizations and associations.

11. The country programme will consist of four programmes: health and nutrition; basic education; basic services integrated into the rural environment; and social and communications policies. Some sectoral programme activities, such as policy development, institutional support and national programme support, will be carried out at the national level while others will

be concentrated in integrated grass-roots action packages in the areas of activity of the integrated basic services programme. An integrated monitoring and evaluation plan will be developed to more effectively assess the implementation and impact of all the programmes, at both the national and local levels, and to prepare for emergencies. An integrated communications plan and a resource mobilization plan will likewise be developed.

12. The "health and nutrition" programme will contribute to: (a) reducing mortality caused by diseases targeted in the expanded vaccine programme, malaria, ARI and diarrhoea; (b) reducing micronutrient deficiencies and the prevalence of protein-calorie malnutrition; (c) reducing maternal mortality; (d) reducing water-borne diseases and diseases caused by water-borne fecal matter; and e) eradicating dracunculiasis. The main elements of the strategy are: (a) support of health policy reforms, including managing the health system, implementing the Vaccine Independence Initiative permanently, an integrated approach to dealing with childhood diseases, improving the quality of health care, and strengthening community-based growth monitoring; and (b) support of national programmes having a direct impact on reducing infant and maternal mortality.

13. The goal of the "basic education" programme is to help achieve: (a) a gross primary school enrolment rate of 42 per cent overall and 35 per cent for girls; and (b) a literacy rate of 22 per cent for women and girls. The availability and quality of basic education will be enhanced by updating and strengthening national educational policies, revising curricula, training teachers and reinforcing the planning, monitoring and evaluation systems. Apprenticeship and skill-acquisition activities will be developed within a flexible functional literacy framework.

14. The goals of the "basic services integrated into the rural environment" programme are to promote integrated and participatory social development at the community level in the areas of health, nutrition, basic education and functional literacy for women, hygiene and sanitation and social communication. The programme will target at-risk populations in the six districts with the highest infant and child mortality rates. The programme will be used to implement, as well as to validate and document, sectoral programme strategies and will provide feedback in the elaboration of national policies. It will help revitalize health and nutrition services and establish a standard for emergency delivery care. It will improve the operation and quality of educational infrastructures and of the water supply and sanitation infrastructure. Pursuant to the decentralization process now under way, the programme will make it possible, using an integrated, multisectoral and synergistic approach, to better meet the needs expressed at the community level and foster a more rational use of resources. It will continue and build on the lessons learned from the Maradi Project. General resources will make it possible to initiate activities in each targeted district; supplementary funds and effective cooperation with the other partners will make it possible to expand activities.

15. The goals of the "social policies and communication" programme are to give impetus to: (a) a dialogue on social policies at the national level (reforms and sectoral policies, implementation of the 20/20 Initiative); and (b) developing behaviours favourable to child survival, development, protection

and participation. Particular attention will be given to children and women in need of special protection.

ESTIMATED PROGRAMME BUDGET

Estimated Programme Cooperation Funding, 2000-2004 a/

(In thousands of United States dollars)

	General Resources	Supplementary Funding	Total
Health and Nutrition	7 000	3 000	10 000
Basic Education	3 000	2 500	5 000
Integrated Basic Rural Services	8 000	7 500	15 000
Social Policies and Communication	2 945	500	3 445
Total	20 945	13 500	34 445

a/ These are indicative figures only and are subject to change once aggregate financial data are finalized.

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For information

Country note**

Islamic Republic of Iran

Summary

The Executive Director presents the country note for the Islamic Republic of Iran for a programme of cooperation for the period 2000 to 2004.

The situation of children and women

1. With strong political commitment, well-trained staff and a wide-reaching infrastructure, the Islamic Republic of Iran has achieved all the goals of the World Summit for Children for the year 2000, except that of reducing malnutrition by half. The rates for immunization coverage, primary school enrolment, use of iodized salt at the household level, coverage of safe drinking water and sanitary latrines are over 90 per cent. As assessed by the 1996 population census, the infant mortality rate is 26 per 1,000 live births, the under-five mortality rate is 35 per 1,000 live births and the maternal mortality rate is less than 40 per 100,000 live births. Access to health services and education facilities is almost universal. Over 85 per cent of births are attended by trained birth attendants and take place in a health facility.

2. The 1998 Multiple Indicator Cluster Survey (MICS), done by the Ministry of Health and Medical Education and UNICEF, has shown that disparities exist between provinces, rural and urban areas and males and females, and need to be addressed to ensure transition from goals (coverage of most children) to rights (coverage of all children).

3. The Government is committed to strengthening the social sector, but the impact of the country's economic situation on social sector investments needs to be carefully monitored. Investments are declining, but part of the decline is covered through cost-recovery strategies. The inputs provided by UNICEF are too meager to be used for expansion of services; instead, they can best be used in strengthening capacities and advocating for the introduction and testing of new ideas and methodologies to improve programme effectiveness.

* E/ICEF/1999/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

4. There are limited data available on the problems of street children, children in conflict with the law and child abuse. The country does not have separate laws to deal with juveniles but it has begun a review of laws affecting the family, women and children. There is a need to inform households about children's rights and strengthen their capacity to ensure those rights. Children's participation and protection need to be strengthened. While there are support mechanisms for the care of the disabled, efforts to integrate them into mainstream society need further strengthening.

5. The Islamic Republic of Iran is host to approximately 1.5 million refugees, mainly from Afghanistan, half of whom are children. Many do not live in camps and therefore are not registered. This limits their ability to utilize fully the government social services available to them and makes them more vulnerable to exploitation.

Lessons learned from past cooperation

6. During the last four National Immunization Days, the health system, in collaboration with non-governmental organizations (NGOs), has succeeded in reaching over 95 per cent of the children with oral polio vaccine in a single day of operation. This experience proved to be very relevant and useful to the Government. With increasing stress on its budgets and resources, the Government should seek out and involve NGOs to work in the remaining deprived areas that represent small pockets of disparity.

7. The evaluation of the successful salt iodization programme showed that urinary iodine levels in the community have risen. The success of the iodine deficiency disorder programme has demonstrated the benefits of intersectoral cooperation and of the Government's ability to work with the private sector for the best interests of the population. These experiences can now be used for the design and implementation of other programmes.

8. Traditionally, development workers often do not raise issues deemed to be sensitive or controversial. However, work undertaken lately in collaboration with UNICEF on child abuse, street children and other child protection issues reflects the Government's willingness to listen and act on such issues, if they are raised in a constructive manner.

9. In a feedback session organized by UNICEF, development partners (60 representatives from Governments, 50 from NGOs, 28 from international agencies and 35 women and children) mentioned that the effectiveness of UNICEF in the country stems from its ability to bring new ideas and innovations into the programmes (i.e., urban health volunteers, National Immunization Days) and back them up with its limited resources, in addition to its ability to involve many other partners.

Proposed country programme strategy

10. The proposed country programme aims to support government efforts for the full implementation of the Convention on the Rights of the Child, which was ratified in 1994. It will support programmes to (a): reduce the prevalence of malnutrition in children under two years of age from 16 to 8 per cent; (b) reduce by one third disparities of gender and location for health and education, in areas for which the World Summit for Children goals have been achieved; (c) increase basic competencies in education at age 11 years by at least 10 per cent; (d) improve the efficiency and quality of health services, especially in the most deprived provinces; (e) protect the rights of children in need of special protection; (f) promote the participation rights of children with disabilities; and (g) facilitate the ratification of the Convention on the Elimination of All Forms of Discrimination against Women.

11. The proposed strategies and programmes take into consideration the strengths of other development partners in the country. They reflect the consensus of over 600 staff from the government, NGOs, the private sector, the international development community and prospective beneficiaries on the most effective use of UNICEF strengths and resources to realize the rights of Iranian children. The country programme will have five programmes, as described below.

12. **Prevention of malnutrition in children under two years of age**. Studies in the Islamic Republic of Iran have shown that growth faltering starts at four months of age and continues until about 18 months of age. Lack of care and infection are the leading causes of malnutrition in the country. The proposed programme will shift from management to prevention of malnutrition and from targeting children under five years of age to children under two years of age. This targeting will allow health-care workers and child-care providers to intervene at the most effective time. Activities will include the promotion and protection of exclusive breastfeeding, monitoring the use of iodized salt at household level and pilot projects

(for future replication) on reduction of anaemia in women and children and zinc and vitamin A supplementation.

13. **Disparity reduction**. The MICS has helped to identify Sestan and Balouchistan, Lorestan, West Azarbaijan, Ardabil and Hormozgan as the country's five weakest provinces in terms of social indicators, comprising 14 per cent of the population. Working closely with the Government and NGOs, UNICEF will help to identify pockets of disparity within these provinces. UNICEF support will include the introduction of new participatory methodologies for involvement of communities in programme development; strengthening of monitoring and supervision; testing of alternative approaches to service delivery; increasing community awareness; and strengthening the capacities of the government staff.

14. **Improving quality of services**. Having achieved universal access and coverage, the emphasis should now turn to quality. On a nationwide basis, starting in the five provinces cited above, UNICEF will support the Government in improving the quality of its services. In health, this will include support for the introduction of participatory methodologies in programme assessment and strengthening of information systems and management capacities. In education, the emphasis will be on increased learning achievement, strengthening methodologies of learning assessment and increased participation by children and parents in enhancing the learning environment in schools.

15. **Children in need of special protection**. Following consultations with more than 80 stakeholders (from the Government, NGOs, municipalities, the justice department, parents and children) on child abuse and street children, UNICEF has developed preliminary plans of action for addressing these issues through two pilot plans. The stakeholders also identified the need to undertake a comprehensive review of existing laws in relation to the expectations of the Convention of the Rights of the Child and the needs of the country. UNICEF will support a pilot project with the justice department on dealing with children in conflict with the law and children of convicts.

16. Discussions with children with disabilities have shown that while most have access to good rehabilitation care and services, what they want most is to highlight their abilities and have equal opportunities in life, the understanding and respect of their peers and counseling for themselves and their parents. UNICEF will support activities to respond to these needs.

17. **Promotion and monitoring of the Convention on the Rights of the Child**. Most violations of children's rights take place at home. Because over 80 per cent of households have access to television and radio, there is a unique opportunity to reach them directly with child rights messages. UNICEF will support the national broadcasting company in developing a communication campaign on "responsible parenthood". UNICEF will facilitate the exchange of experiences between the Islamic Republic of Iran and other countries. UNICEF will also seek partnerships and support alliances with and between the private sector, academicians, parliamentarians, NGOs, policy makers, the media, and communities. UNICEF will support special studies and surveys to help the Government monitor the implementation of the Convention on the Rights of the Child. UNICEF will use the information collected to advocate measures ensuring that the best interests of the child prevail in all decision-making processes.

18. A detailed monitoring and evaluation plan will be developed. In annual joint reviews, UNICEF and the Government will draw on the monitoring and evaluation results to guide programme implementation. As a member of the United Nations country team, UNICEF will work with other United Nations agencies to achieve the child-related goals of the various international conferences.

Estimated programme budget

Estimated programme cooperation, 2000–2004 a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Prevention of malnutrition in children under two years of age	1 900	500	2 400
Disparity reduction	1 600	500	2 100
Improving quality of services	1 500	500	2 000
Children in need of special protection	1 700	500	2 200
Promotion and monitoring of the Convention on the Rights of the Child	1 800	500	2 300
Total	8 500	2 500	11 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.